

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032631

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 177

VS 300
Rev. 4/59

1 0490

2 0490

3

4 0

5 1

6

7 0

8 2

9 7954

10

11

12 90-8

13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 10 1963

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SARCOXIE TWP. | | Length of stay in 1b 48 YRS. | c. CITY OR TOWN SARCOXIE |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SARCOXIE, RTE.1, MO. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) ROUTE 1 |
| 3. NAME OF DECEASED (Type or print) First FIRD Middle HENRY Last MOSS | | 4. DATE OF DEATH Month SEPT. Day 2 Year 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/9/1890 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | 11. BIRTHPLACE (City and state or country) CARTHAGE, MO. |
| 13a. FATHER'S NAME TOM PETE MOSS | | 14. NAME OF HUSBAND OR WIFE EDITH BRYAN MOSS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO NO | | 17. INFORMANT Address Mrs. FIRD H. MOSS, RTE.1, SARCOXIE, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed natural causes (Evening of Sept 1st complained of feeling bad - refused to have doctor) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 6:00 A. and last saw him alive on Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) E.H. Clinton, Local registrar | | 22b. ADDRESS 1238 Grand, Carthage, Mo. | |
| 22c. DATE SIGNED 9-4-63 | | 22d. LOCATION (City, town or county) (State) JASPER CO. MO. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 9/4/63 | 23c. NAME OF CEMETERY OR CREMATORY DUDMAN CEMETERY | |
| 24. FUNERAL DIRECTOR ADDRESS ULMER-MOSS FUNERAL HOME, SARCOXIE, MO. | | 25. DATE RECD. BY LOCAL REG. 9-4-63 | |
| 26. REGISTRAR'S SIGNATURE E.H. Clinton | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

0940
10940

0
1

0
8

8-02